

CONTINUOUS QUALITY IMPROVEMENT (CQI)		
CQI	1405	Peer Review
Peer Review Certificate		

PEER REVIEW CERTIFICATE PROFESSIONAL FILE

Peer Review Type:

☒ Internal ☐ External ☒ Annual ☐ Focused

☐ Peer review findings discussed with practitioner

Physician Reviewed: (please print)

<i>Papendick</i>	<i>Keith</i>	<i>MD-UM</i>
Last Name	First Name	Title
<i>Keith Papendick</i>		<i>7/9/2018</i>
Signature		Date

Reviewer: (please print)


<i>Powell</i>	<i>Jones</i>	<i>CMO</i>
Last Name	First Name	Title
<i>[Signature]</i>		<i>7/6/18</i>
Signature		Date

The results of the Peer Review are on file in the Quality Improvement Files

CONTINUOUS QUALITY IMPROVEMENT (CQI)		CORIZON HEALTH®
CQI	1405	Peer Review
Provider Peer Review Questionnaire		

Practitioner: <i>Keith Papendick</i>		Date: <i>7/6/16</i>
Reviewer Name: <i>Jane Powell</i>	Reviewer Signature: <i>[Signature]</i>	

Patient Care			
1.	Is knowledgeable of the intake or receiving screening process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Effectively participates in and manages the chronic care clinics? <i>NA</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	a. Monitors treatment plans established for patients with special needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Monitors site chronic care treatment plans passed on Clinical Metrics outcomes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Actively participates in the operation of the infirmary? <i>NA</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	a. Annually reviews and approves policies and procedures specific to the operation of the infirmary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Ensures that physician rounds are conducted on medial admission infirmary patients as indicated, but at least weekly, or more frequently if required clinically or by policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Actively participates in the sick call process? <i>NA</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Number of calls per month:		
5.	Demonstrates compassion in patient encounters? <i>NA</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Honors DNR requests? <i>NA</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Note percentage of mortalities with end of life discussion documented:		
	Note percentage of DNR requests followed:		
Medical/Clinical Judgement			
1.	Actively participates in the Utilization Management program utilizing specialty and off-site services appropriately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Number of UM requests during last year: <i>16 085</i>		
	Number of approved requests: <i>83%</i>		
	Percentage of ER referrals admitted:		
2.	Participates in the utilization management of hospitalized patients?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Prescribes pharmaceutical therapy within the guidelines of the Corizon Health (or contracted) formulary? <i>NA</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Percentage of non-formulary medication on-site (number of non-formulary medicine orders/total number of orders): <i>NA</i>		
System Based Practice			
1.	Has reviewed and approved the site-specific policies and procedures within the past year, including suicide prevention and (SAW) substance abuse withdrawal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Applies Corizon Health clinical pathway tools to improve on-site care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Ensures that a practitioner is readily available to the on-site staff 24/7?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Participates in the Medical Administrative Committee (MAC) meetings quarterly, or as required by policy and Corizon Health?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Arrives on time for scheduled clinic hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Is timely when completing peer review and credential/re-credential information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

CONTINUOUS QUALITY IMPROVEMENT (CQI)		
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Practice-Based Learning			
1.	Actively participates in the site level QI program?	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Ensures the review of patient records for quality improvement purposes each month?	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Addresses deficiencies identified through the CQI process?	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Chairs the site-level Morbidity and Mortality (M&M) Committee and complies with the Corizon Health Sentinel Event process?	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Follows up on corrective action plans identified through the Sentinel Event process?	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Provides in-service training for the medical staff?	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Updates his/her practice when Corizon Health releases new, evidence-based pathways?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	a. Corizon Health Warfarin Monitoring Program tools in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b. Corizon Health Standardized Corrective Regular Insulin Coverage (CRIC) tools in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c. Corizon Health SAW tools in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Interpersonal Communication			
1.	Appropriately communicates with the Regional Medical Director?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Respectfully communicates with on-site and correctional staff?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has legible hand writing?	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Progress notes are timely?	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Progress notes communicate the practitioner's thinking and patient care treatment plans so that others can understand the plan of care?	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Responds to pages, calls and emergencies promptly?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Professionalism			
1.	Objectively evaluates any complaints/grievances against him/her?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Number of grievances:		0
2.	Participates in and follows Corizon Health policies and procedures?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has had new legal actions?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Engages with the medical staff, HSA, Behavioral Health and DON to promote teamwork?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	Accepts responsibility when held accountable and respectfully holds team members accountable?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of charts audited			
Comments			
<p>Mr Papendick is a valuable asset to our UAM Team and has done his job very well. He is also a great contributor to our improvement process.</p>			

2018 Corizon Health Performance Plan



Name: Keith L Papendick MD

Performance Period: ☐ Service Anniversary (2018-2019)
☒ Annual Cycle (Jan - Dec 2018)

Job Title: Utilization Management Medical Director

Reviewer: James Powell, MD

Employee ID: 982034

Department: 99610

Review: _____

Role Type: _____

RATING SCALE

- 1 - Unacceptable:** Consistently does not meet job requirements/substantially missed annual performance objectives; immediate improvement required to maintain employment
- 2 - Developing/Needs Improvement:** Employee is relatively new to the position, learning the knowledge and skills needed to be successful. -OR - Employee occasionally does not meet job requirements/almost attained annual performance objectives; performance needs to improve to meet expectations of position
- 3 - Successful:** Able to perform 100% of job duties satisfactorily/fully attained annual performance objectives; normal guidance and supervision are required
- 4 - Exceeds Expectations:** Frequently exceeds job requirements/all planned objectives achieved above established standards; accomplishments made in unexpected areas as well
- 5 - Role Model:** Consistently exceeds job requirements/exceeded annual performance objectives; highest level of performance that can be attained

Enter values here:

SMART Values and Behaviors - Corizon SMART (Safety, Motivation, Accountability, Respect, Teamwork) Values- weight of 20%

<p>SMART Values</p>	<p>SAFETY: 1 - Consistently prioritizes safety of self, custody, co-workers, and patient during all work encounters; for example: always having patient in view, securing all items, following the Rule of 100's etc. 2 - Watches out for potential safety issues and immediately reports findings to management.</p> <p>MOTIVATION: 1 - Consistently performs to high standards by adhering to all deadlines, accuracy standards, Corizon Health policies/procedures and interactions expectations. 2 - Demonstrates an openness to new ideas and processes and demonstrates adaptability during times of change.</p> <p>ACCOUNTABILITY: 1 - Consistently performs all tasks to standard, if unable to complete to standard, proactively seeks the support and guidance of leadership. 2 - Actively follows through on all commitments to ensure completed to satisfaction of patient, peers, client, and/or management.</p> <p>RESPECT: 1 - Consistently refrains from demonstrating any signs of disrespect as outlined in the Employee Success Guide and the Corizon Professionalism Policy, rather works to resolve differences and improve processes using positive means. 2 - Approach's every patient or work encounter with the mindset of maintaining the person's dignity, which includes always using respectful language, displaying appropriate non-verbal cues and always following proper procedures.</p> <p>TEAMWORK: 1 - Proactively seeks out ways to assist others to ensure the team reaches/exceeds goals. 2 - Shows commitment to and enthusiasm for the team diversity and company's vision, this includes actively being involved in solving problems and enhancing team performance.</p>	<p>Weight:</p>	<p>25 %</p>	<p>Supervisor Rating:</p>	<p>3</p>	<p>Self Rating:</p>	<p>5</p>
<p>Results Achieved</p>	<p>SAFETY: Reporting to SMD and RMD patient care issues that have been overlooked by our providers. MOTIVATION: Turn around rate of 0.05 days (1.2 hours) allowing for near realtime turnaround. ACCOUNTABILITY: Consistently reaching a target of on of the lowest turn around times. 2. Nearly weekly attending medical departent meeting with Infectious Disease and active contribution to assisting physicians understand the correct steps in management of Hepatitis C infection. RESPECT: shows respect to management and patients. TEAMWORK: Contributes to the cohesion of the team and consistently assisting other with case opinion and input to core process. Pete: after review of the scale we agreed a 3 would be good as you do a good job but there are areas you can improve upon such as communicating more wiht Dr. Bomber and improving edeications to our clinicians at the sites.</p>						

CL G-Jackson-00580

Goals - each 10% minimum, 40% maximum; Overall 80% allocation

Job Requirement/ Performance Objective #1	Turnaround time being less than 1 day	Weight:	↓ 25 %	Supervisor Rating:	↓ 5	Self Rating:	↓ 5
Results Achieved	0.05 days turnaround time. All requests placed in a day are completed the same day. This includes cares requests and 100 five digit requests per week. Pete: agree						
Job Requirement/ Performance Objective #2	Number of referrals per week being 175 per week on average	Weight:	25 %	Supervisor Rating:	5	Self Rating:	5
Results Achieved	357 cases, on average, have been completed weekly. In addition 100 noncares, 5 digit requests have been completed weekly. Pete : agree						

Job Requirement/ Performance Objective #3	Percentage of approvals vs. ATP compared to other reviewers for the same contract	Weight:	25 %	Supervisor Rating:	4	Self Rating:	5
Results Achieved	My ATP rate in the Michigan contract is 16.2%. Other UMMD completing Michigan MDOC request has a 17.6% ATP rate. Pete: the average upheld ATP is the same as others or close but the volume is higher in Michigan.						

Job Requirement/ Performance Objective #4		Weight:	%	Supervisor Rating:		Self Rating:	
Results Achieved							

Job Requirement/ Performance Objective #5		Weight:	%	Supervisor Rating:		Self Rating:	
Results Achieved							

Total Weight	100
Total Weighted Rating	4.25
Final Rating:	4

Rating Scoring Table*

5 = 4.5 - 5	2 = 1.5-2.49
4 = 3.5-4.49	1 = 0-1.49
3 = 2.5-3.49	

***Number is reflective of employee rating, not increase**

1=Unacceptable, 2=Developing or Needs Improvement 3=Successful 4= Exceeds Expectations 5=Role Model

Manager Comments:

DR. Papendick is an asset to our UM team and does his job well. We hope he is able to communicate more with Dr. Bomber to get the right education to our site providers.

Manager Signature:

James Powell, MD

Employee Comments:

Reviewed with Dr. Powell and agree with current assessments.

Employee Signature:

Keith Papendick MD



RMD Re-credentialing Review Summary

This review is a summary of current annual review.

Name: <u>Keith Papandick MD</u>	Date: <u>10/14/19</u>
Service Area: <u>UM</u>	State: <u>MT / A11</u>

EVALUATION SUMMARY					
	Poor	Marginal	Average	Good	Excellent
Leadership					
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Decision-Making Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Site Visit Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>NA</i>
Clinical					
Basic Medical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Follows Core Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ensures Site Leadership Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Collaborates on CAPs and Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uses Resources Effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Offsite Utilization	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy Formulary Utilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>NA</i>	<input type="checkbox"/> <i>NA 1/27/2</i>
Back Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>NA</i>
Relationships					
Patient Encounters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>NA</i>
Client Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>NA</i>
Corporate Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Regional Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>NA</i>	<input checked="" type="checkbox"/>
Documentation					
Timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Personal					
Ethical Conduct and Boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Name: <u>Keith Saperstein MD</u>		Date:
Explain all "poor" or "marginal" evaluations:		
<u>none</u>		
Are you aware of any findings of professional misconduct while this practitioner was affiliated with our organization?		
<u>no</u>		
Are you aware of any judgment or settlement of a medical malpractice action or any pending actions that involved this practitioner?		
<u>no</u>		
Did RMD ensure appropriate care within the scope of practice that was provided?		
<u>yes</u>		
Recommendation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>[Signature]</u> (Chief/Regional Clinical Officer)		<u>10/14/19</u> Date

Quality Improvement and Patient Safety (QIPS)		CORIZON HEALTH
CQI	1405	Peer Review
Peer Review Certificate		

Peer Review Certificate Professional File

Peer Review Type:

☐ Internal ☐ External ☒ Annual ☐ Focused

Please check: ☐ Peer review findings discussed with clinician *no chart*
remark in a system


Clinician Reviewed: (please print)

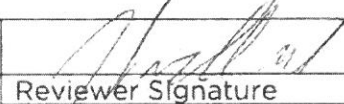
<i>Papendick</i>	<i>Keith</i>	<i>U M M D</i>
Last Name	First Name	Title
<i>Keith Papendick</i>		01/27/2020
Signature		Date

Reviewer: (please print)

<i>Powell</i>	<i>Tang</i>	<i>CMO</i>
Last Name	First Name	Title
<i>A. Powell</i>		1/27/20
Signature		Date

The results of the Peer Review are on file in the Quality Improvement Files

Quality Improvement and Patient Safety (QIPS)		
CQI	1405	Peer Review
Healthcare Support Team UM Clinician Peer Review Questionnaire		

Dr. Retha Papendick		
Clinician Name:		Clinician Title:
Dr. Pete Powell		Click here to enter a date
Reviewer Name/Title	Reviewer Signature	Date of Review

Some questions may not apply to every Clinician. Please complete the appropriate questions or mark N/A

Review of the Health Care Support Team Level Clinician (this form is completed by Senior Team)				
1.	Clinician's behavior is considered professional?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.	Consistently adheres to Corizon policies and procedures, including UM Core Process review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3.	Appropriately engages with other team members, fostering team work, including UM nurses and Regional Medical Directors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4.	Utilizes appropriate evidence based references and guidelines to make referral determinations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5.	Engages in discussion and info-seeking when necessary during the Committee Review process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6.	Clinician includes any appropriate contract specific requirements in the referral review process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7.	Requests information from site providers during the referral review process which is appropriate and necessary to make review determinations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8.	Alternative Treatment Plans (ATP) recommendations/rationale are written clearly and adequately explained during the referral review process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9.	Referral review notes are written professionally and are clearly stated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.	All clinical decisions made were consistent with the best practice of medicine, provided timely, and was the appropriate care for the patient?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11.	Any conflict resolution was done professionally and timely?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12.	Clinician accepts other duties as assigned and is accountable to senior leadership?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13.	Provides back up coverage for other team members during absences?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14.	Clinician is timely when completing peer review audits and credentialing/ re-credentialing information as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15.	Adheres to Corizon SMART values, including maintaining respect for others, fostering team work, promoting a health company culture, displaying initiative and leadership qualities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16.	Works well with the committee for improvement of the UM process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Quality Improvement and Patient Safety (QIPS)		CORIZON HEALTH
CQI	1405	Peer Review
Healthcare Support Team UM Clinician Peer Review Questionnaire		

Please provide CARES data in the section below:			
17.	Referral reviews per day/week?	Per Day	Per Week 240
18.	Average turn-around time for the referral review process?	.04/days	
19.	Ratio of approved vs ATP referrals compared to other reviewers whom do referral reviews for that same contract?	apr 80.8%	ATP 19.2%
20.	Percentage of overturned ATP by appeal process compared to other reviewers whom do referral reviews for that same contract?	24%	

Comments	
<ul style="list-style-type: none"> Average 240 referrals per week for past 6 month review period (this does not include the 5 digit referrals he manages in Michigan by contract as they are not entered into CARES) Average turn around time for past 6 month review period is 0.04/days Approval rate is 80.8% and ATP rate is 19.2 % ATP upheld rate during appeal review is 41%, 24% of overturned were related to more information provided after initial UMMD review 	

Review of Clinician Peer Review Questionnaire Completed between Clinician and Supervisor

☒ Yes ☐ No

Date of Review Completed on: 01/27/2020 enter a date.

<i>Keith Papendick MD</i>	<i>Keith Papendick</i>
Clinician Printed Name	Clinician Signature
<i>James Wall MD</i>	<i>James Wall MD</i>
Supervisor Printed Name	Supervisor Signature